

FUTURES WORK PLAN

GOAL: Develop CON Application for New Inpatient and Community Capacities for Vermont State Hospital Successor Facilities

NOTE: Highlighted dates indicate revised time lines based on the October 2008 and April 2009 Implementation Reports. This Work Plan envisions a multi-stage CON application process: Part 1 will address the 15 bed Secure Residential Recovery Facility, Part 2, the proposed inpatient hospital at RRMHC.

Benchmark Objectives and Related Tasks	Who is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objective 1: Assess inpatient configurations based on feasibility analysis of multiple options—for both integrated and stand-alone facilities CCON Scope: 2,5,10,13,14,21,23,26; Conditions: 4, 13,15,17,18) See related Benchmark Objective 5. 1.1 Assess hospital interest in partnering (completed) 1.2 Identify alternative site options (CCON Scope #2, 5, 23, 24) (completed) 1.3 Develop assessment criteria: cost modeling, quality, policy criteria (CCON Scope #8) (completed) 1.4 Using criteria perform feasibility analysis of multiple options (completed). 1.5 Report on Draft Inpatient Options Analysis. NOTE: The Draft Inpatient Options Analysis was completed Dec 2007. A Preliminary Draft Summary Analysis was delivered at its request to the MHOC Committee in November 2007. Editing of the draft analysis was completed in April 2008	DMH Staff / BGS Staff/ Architecture+ /AHS /Potential Partner Hospitals/ PHPG DMH Commissioner, Deputy DMH & BGS Staff Deputy Commissioner DMH, Futures Project Staff Project Architect BGS “ Commissioners DMH/ BGS/	4 – 6 mo all tasks “ “ “ “ 4-6 months	May 2007 all tasks “ “ “ May 2007	Sept/Nov 2007 all tasks “ “ “ Nov 2007

Benchmark Objectives and Related Tasks	Who is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objective 2: Select configuration & Sites for Pt.1 &Pt.2 CON Application: (from 5 Models – 21 Sites) (CCON Scope: 2,3,5,9,13,19,20, 23, 26, 27,30,31;Conditions: 14,15,16,17,19) NOTE: <u>Time Line for site selection-15 bed secure residential has been extended to Oct 08; time for site selection for acute in-patient hospital has been extended to Dec 08.</u>	Secretary of AHS	3-4 months	Sept 2007	Dec 2007
2.1 Review findings of Draft Inpatient Options Analysis Report (Completed)	DMH Futures Staff	3-6 months	Sept2007	Jan2008
2.2 Assess bed # for inpatient and residential bed capacity . (CCON Scope #25, 31) (Completed.)	DMH Futures Staff	3-10 months	Aug 2007	May 2008
2.3 Develop report how other states' facilities & programs (including systems in place or planned) serve populations similar to those served by VSH (CCON Condition 16) (Completed.)	Commissioners of MH & BGS, Joint Fiscal Office Secretary of AHS	3-16 months	Aug 2007	Dec 2008
2.4 Assess revenue potential, long-range cost to state, capital construction & financing options, fiscal sustainability of mental health system as a whole (CCON Conditions 15 & 17)	DMH Commissioner & Deputy	3-15 months	Sept 2007	Dec 2008
2.5 Obtain feedback from Transformation Council & other stakeholders on model / site trade-offs (CCON Condition 19) See Objective 3 below. (Time Line extended. On-going) Part 1 CON	DMH Commissioner & Deputy Futures Staff	3-4 months	Sept 2007	Dec 2007
2.6 Integrate recommendations of Legislative Consultants (completed)				
2.7 Review findings of other states' experience in serving populations similar to VSH patients (CCON Scope: 19; Condition 16) (Completed.) Same as 2.3	Commissioners DMH / DOC Secretary AHS	1-6 month	Nov-07	May-08
2.8 Review Futures Work Group recommendations & findings from Legislative Summer Corrections Study Group. Review findings of work group on the inpatient mental health treatment needs of the DOC inmate population. (CCON Condition 14) (Completed.)	DMH/AHS/DOC Staff	8 months	May 2007	Dec 2007
2.9 Review findings, reports with Transformation Council & other stakeholders; obtain feedback, and consult with Legislature. (Condition 19) (See Objective 3 below) Part 1 CON	DMH Commissioner & Deputy Secretary AHS Secretary AHS (in consultation with Legislature) Commissioner of DMH & Deputy	1-2 months 2-15 months 1-18 months	Nov 2007 Jan 2008 Nov 2007	Dec 2008 Feb/Mar 2009 Feb/Mar 2009
2.10 Select configuration & sites for detailed analysis for Part 2 CON Application. Completed				
2.11 Obtain BISHCA guidance re: sequencing of Part 2 CON application.	DMH / (Potential) Partners	6-24 months	Jan 2008	Dec 2009
2.12 Develop and submit Part 1 CON Application Letter of Intent to be submitted on/before Nov 1, 2009				

Benchmark Objectives and Related Tasks	Who is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objective 3 Assure mental health consumer & stakeholder participation (CCON Condition 19) 3.1 Establish Transformation Council (Completed) 3.2 Post planning documents & meeting minutes on DMH website http://healthvermont.gov/mh/update/mhupdate.aspx 3.3 Maintain active outreach to communities impacted by planning for, development of inpatient & community facility sites; convene work groups as needed for input to program planning processes. 3.4 Provide updates to and solicit feedback from State Mental Health Adult Program Standing Co. 3.5 Copy Interested Parties as required by BISHCA CON process	Commissioner of MH DMH Staff DMH Futures staff DMH Commissioner, Deputy, Staff DMH Futures Staff DMH Futures Staff	1-3 months Bi-weekly Ongoing Monthly Ongoing	Jul 2007 Ongoing Ongoing Ongoing Ongoing	Sept 2007 Ongoing Ongoing Ongoing Ongoing
NOTE: All tasks continue in effect.				

Benchmark Objectives and Related Tasks	Who is Responsible for Achieving Benchmarks	Duration	Start	End
Benchmark Objective 4: Develop program design for new levels of care for VSH patients & DOC inmates needing acute inpatient care (with outside review): (CCON Scope : 3,6,7,9,20,24,26; Conditions: 14,15, 16, 18) All tasks below relate to Part 2 CON- LOI on / before June 1, 2010 4.1 Create inpatient program work group. 4.2 Review Futures Corrections Work Group recommendations, findings of Legislative Corrections Summer Study. (Completed.) 4.3 Identify inpatient programming, security needs for Corrections population (CCON Scope #26) 4.4 Update & refine clinical description of populations served (including special populations). 4.5 Develop program goals & treatment methods sufficient to establish cost and operational parameters for Part 2 CON Application. 4.6 Develop staffing model & plan sufficient to establish cost and operational parameters for Part 2 CON Application (CCON Scope # 20, Condition 18) 4.7 Obtain outside review of program model for appropriateness for populations to be served, conformity with accreditation standards, cost effectiveness of service. (CCON Scope #7) 4.8 Refine architectural program of space requirements as needed (CCON Scope # 9) 4.9 Review programming plans with Transformation Council, Adult Program Standing Committee, other stakeholders, Legislature, BISHCA. (CCON Condition 19) On-going.	Deputy Commissioner, DMH Staff	3-6 months	Jan 2010	Jun 2010
	DMH / (Partner Hospitals) / BGS/Architectural Consultant staffs	1 month	Nov 2007	Dec 2007
	DMH / Partner Hospitals / BGS/ Architectural Consultant staff	1 month	Jan 2010	Jun 2010
	DMH / DOC / Partner Hospital (if applicable) Staff	1 month	Jan 2010	Feb 2010
	DMH / DOC / Partner Hospital (if applicable) Staff	3-6 months	Jan 2010	Jun 2010
	DMH / DOC / Partner Hospital (if applicable) Staff	3-6 months	Jan 2010	Jun 2010
	DMH Deputy Commissioner, Staff, Program Consultant	2-5 months	Feb 2010	Jun 2010
	BGS / Architectural Consultant	1 month	May 2010	Jun 2010
	DMH Commissioner, Deputy	On-going	On-going	On-going

Benchmark Objectives and Related Tasks	Who is Responsible for Achieving Benchmarks Tasks	Duration	Start	End
Benchmark Objective 5: Develop architectural, site & construction plans for selected option(s) demonstrating conformity with relevant CON criteria. (CCON Scope: 1,9,12,13,14; Conditions 14, 17) Note: Pending conclusion of Benchmark Task 2.11 the sequence of development at different sites and programs may change.. All tasks below relate to Part 2 Con LOI on / before June 1 ,2010 5.1 Complete Architectural Program of Space (See Benchmark Objective 1) (Inpatient Options Analysis completed) <u>See Work Plan for 15 Bed Secure Residential Facility.</u> 5.2 Identify alternative sites (See Benchmark Objective 1) (completed) 5.3 Analyze alternative sites (See Benchmark Objective 1) (completed) 5.4 Select site(s) (See Benchmark Objective 2) (Time Lines revised) 5.5 Select A&E Team (Time Line revised) 5.6 Award contract (Time Line revised) 5.7 Develop schematic design; update Transformation Council, other stakeholders. (CCON Condition 19) 5.8 Carry out design development; update Transformation Council, other stakeholders 5.9 Begin process to secure permits (Permits process begins after CON is granted. Impact studies: traffic, air pollution, & waste water, are part of local & state permit process and occur within same time frame.) -local (6 months) -state (8 months) -federal (3 months) 5.10 Develop construction documents 5.11 Conduct bidding & negotiating process for contractor selection 5.12 Carry out construction process	DMH / BGS/ A&E Contractors /Potential Partner Hospitals BGS/ A&E Contractors/DMH BGS/DMH/A&E Contractors BGS/ A&E Contractors, DMH Secretary of AHS / Potential Partner Hospitals BGS / consult with potential Partner Hospital / DMH “ “ A&E Contractors BGS / A&E Contractors (with Hospital Partners) “ “ BGS/ DMH / Partners BGS / A&E Contractors (with Hospital Partners)/ DMH with Construction Contractors BGS/ alone or with Hospital Partners/ DMH/ A&E contractor BGS/ DMH / Hospital Partners/ BGS/A&E Contractor / Construction Contractors	4 months 4 months 4-6 months 3-7 months 2-4months 1 month 2-3 months 2 months 3-8 months 5-6 months 3-4 months 12 months	May 2007 May2007 May 2007 May 2009 Dec 2009 Mar 2010 May 2010 Oct 2010 Feb/Mar 2011 May 2011 Nov 2011 Mar 2012 Mar 2012	Aug 20 07 Aug 2007 Sept/Oct 2007 Dec 2009 Mar 2010 April 2010 Oct 2010 Dec 2010 Aug/ Sept 2011 Nov 2011 Mar 2012 Mar 2013

Benchmark Objectives & Related Tasks	Who Is Responsible for Achieving Benchmark Tasks	Duration	Start	End
5.13 Carry out building commissioning process all sites	BGS/ Hospital Partners/ A&E & Construction Contractors	3 months	Mar 2013	Jun 2013
5.14 Facility start-up activities	"	3 months	Jun 2013	Sept 2013
5.15 Begin patient occupancy	BGS/DMH/Hospital Partners	2-3 months	Sept 2013	Nov 2013
5.16 Update Transformation Council, State Adult Mental Health Program Standing Committee, other stakeholders, Legislature at each stage of design & construction process.	BGS/DMH/Hospital Partners	on-going	ongoing	ongoing
<u>NOTE: These time lines may be revised pending completion of DMH negotiation of hospital partner Agreements.</u>				
Benchmark Objective 6: Identify and plan to mitigate community impacts of potential selected sites (CCON Specifications 14, 29, 32) All tasks below relate to Part 2 CON Application (RRMC)				
6.1 Identify VSH discharge patterns in current host community	DMH Staff / Potential Hospital Partners	1 month	May 2010	Jun 2010
6.2 Consult local community services & planning bodies	"	ongoing	May 2010	Jun 2013
6.3 Assess human service impacts of program in host communities including housing, human services, first responders	"	ongoing	May 2010	Jun 2013
	"	ongoing	May 2010	Jan 2014
6.4 Hold public meetings as indicated				
6.5 Consult Transformation Council, local authorities and planning groups, Legislators, other stakeholders	"	on-going	on-going	on-going
6.6 Develop strategies to address impacts	"	on-going	on-going	on-going
6.7 Implement strategies to address impacts	"	36-42 months	Jul 2010	Jan/Feb 2014

Benchmark Objectives and Related Tasks	Who Is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objective 7: Develop long range financing plan that reflects balance between inpatient services & the community system of care. (CCON Scope # 8, 12, 27, 30; CCON Condition #15, 17) NOTE: Time lines 7.5-7.10 have been revised and may require additional adjustment pending outcome of negotiations with potential partner hospitals. All Tasks below relate to Part 2 CON Application.				
7.1 Identify estimated capital costs for each configuration option for alternative models/sites (See Benchmark Objective 1). (Completed)	DMH/BGS/Arch+/potential partner hospitals	3-4 months	May 2007	Sept 2007
7.2 Identify capital financing options (Completed)	DMH/AHS/JFO staff	3-4 months	May 2007	Sept 2007
7.3 Identify key operational costs for each configuration option (Completed)	DMH/BGS/ potential partner hospitals/ PHPG staff	3-4 months	May 2007	Sept 2007
7.4 Identify revenue potential of each configuration option (Completed)	DMH/ potential partner hospitals/ PHPG staff	3-4 months	May 2007	Sept 2007
7.5 Obtain consultation from BISHCA about requirements for long-range financing plan for CON Application.	DMH/ potential partner hospitals	2-3 months	Mar 2010	Jun 2010
7.6 Develop draft operational financing plan	DMH/ potential partner hospitals/ OVHA/JFO	3 months	Jun 2010	Sept 2010
7.7 Develop draft capital construction plan	DMH/ BGS/Legislative Institutions Co /potential partner hospitals	3-6 months	Jan 2010	Jul 2010
7.8 Review <i>DMH System Evaluation and 5 Year Projection of Service Demand & Cost Analysis</i> (PHPG, August 2007) and develop draft integrated 5 year financing plan in consultation with Legislature (Completed)	DMH/ AHS/ JFO/OVHA	3 months	Jan 2011	Mar 2011
7.9 Obtain input from Transformation Council, State Adult Mental Health Program Standing Committee, other stakeholders	DMH/BGS/potential partner hospitals	on-going	on-going	on-going
7.10 Review & refine draft financing plan at completion of schematic design, design development, permitting, and completion of construction documents phases of architectural work (See Objective 5)	DMH/BGS/A&E & Construction Contractors/ JFO/ OVHA/AHS	12 – 14 mo	Sept 2010	Nov 2011

Benchmark Objectives and Related Tasks	Who Is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objective 8. Develop partner agreements for planning, construction & facility operations (CCON Scope: 11; Conditions 17, 18) NOTE: Time lines 8.3 – 8.6 have been revised and may require additional adjustment pending outcome of negotiations with potential partner hospitals. Part 2 CON Application 8.1 Obtain clarification from BISHCA re: CON standards for partner agreements 8.2 Identify timing of partner agreements re: planning, Part 2 CON development, construction/renovation, operations, oversight, ownership of inpatient facility, governance, financing, oversight expectations & requirements, care management, in consultation with BISHCA 8.3 Develop draft partner agreements sufficient for planning Part 2 CON application (Time lines revised) 8.4 Develop draft partner agreements for financing of operations & capital development, ownership sufficient for Part 2 CON application (Time lines revised) 8.5 Develop draft partner agreements for construction/renovation management, governance, oversight & care management sufficient for Part 2 CON application (Time lines revised) 8.6 Develop draft partner agreements for programming, staffing, site specific workforce development plans sufficient for Part 2 CON application (CCON Condition 18) (Time lines revised) 8.7 Consult Transformation Council, State Adult Mental Health Program Standing Committee, Legislature, BISHCA (CCON Condition 19)	DMH / potential Partner Hospitals	2-3 months	Mar 2010	Jun 2010
	DMH / potential Partner Hospitals	Ongoing	Sept 07	On-going
	DMH/ BGS / potential Partner Hospitals	Ongoing	Jun 2009	Aug 2010
	DMH/ BGS / potential Partner Hospitals	6-12 months	Jun 2009	Aug 2010
	DMH/ BGS / potential Partner Hospitals	6-9 months	Jun 2009	Aug 2010
	DMH/ BGS / potential Partner Hospitals	6 – 9 months	Jan 2010	Aug 2010
	DMH/ BGS / potential Partner Hospitals	on-going	on-going	on-going
	DMH/ BGS / potential Partner Hospitals	on-going	on-going	on-going

Benchmark Objectives and Related Tasks	Who Is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objective 9: Develop work force recruitment & retention plan to adequately and appropriately support the new inpatient programs (CCON Condition 18) <u>NOTE: Time lines have been revised and may require additional adjustment pending outcome of negotiations with potential partner hospitals. Note: All tasks refer to Part 2 CON Application.</u>				
9.1 Based on population and program requirements create staffing model(s) for VSH successor facilities	DMH / potential Partner Hospitals / VSH staff	2-4 months	Sept 2010	Jan 2011
9.2 Identify applicable accreditation standards for population program staffing model(s), refine model(s)	DMH / potential Partner Hospitals staff	2-4 months	Jan 2011	May 2011
9.3 Compare current work force to accreditation standards for program model(s) - consult VSEA	DMH/ potential Partner Hospitals staff	1-2 months	Mar 2011	May 2011
9.4 Perform compensation analysis if selected model(s) involve Partner Hospital -consult VSEA	DMH / potential Partner Hospitals / VSH staff	2-3 months	Feb 2011	May 2011
9.5 Create work force development strategy for VSH staff.	DMH / potential Partner Hospitals / VSH staff	4 months	Jan 2010	May 2010
9.6 Develop work force development and recruitment strategy for VSH successor programs See Benchmark Task 8.6	DMH / potential Partner Hospitals/ VSH staff / AHS	6 months	Jan 2010	Jul 2010
9.7 Obtain input from VSEA, Transformation Council, Legislature, BISHCA , Nursing Board, Vt. Psychiatric Association, Department of Human Resources, other stakeholders See Benchmark Task 8.6	DMH / potential Partner Hospitals	Ongoing	Ongoing	Ongoing

Benchmark Objectives and Related Tasks	Who is Responsible for Achieving Benchmark Tasks	Duration	Start	End
Benchmark Objectives 10.1 – 10.6 Develop Community Capacities (CCON Scope # 1, 15,16,17,18, 24, 25, 28, 29, 30,32; Condition 15)				
Benchmark Objective 10.1 Increase community residential recovery, and secure and non-secure levels of rehabilitation beds (23 beds):				
A Program start-up Second Spring – 11 beds (Williamstown) (completed)	DMH / Second Spring staff	3-4 months	Mar 2007	May 2007
B Develop contract for program planning & development activities for 12 additional Community Residential beds (In process)	DMH staff	8-9 months	Apr 2008	Jan 2009
C Program development & implementation of 12 additional beds	DMH / Contractor	18 months	Dec 2008	Jun 2010
E Assess impact of community residential beds on VSH inpatient needs	DMH staff	16 months	Sept 2007	Jan 2010
F Consult Transformation Council, State Adult Mental Health Program Standing Committee, other stakeholders	DMH Commissioner, Deputy	on-going	on-going	on-going
Benchmark Objective 10.2 Increase crisis stabilization beds (10 beds): program start-up for 4 beds (NEKHS - NCSS) plus 6 additional beds				
A Program start-up for 4 crisis beds –2 each with Northwest Counseling & Support Services (NCSS) and North East Kingdom Human Services (NEKHS) (Completed)	NCSS / NEKHS/ DMH	8 months	Apr 2007	Nov 2007
B Develop 6 additional crisis beds (5 under contract)	DMH	12-18 months	Jun 2007	Oct 2008
C Assess impact of additional crisis beds on inpatient bed need (Time line extended)	DMH	2-6 months	Mar 2009	Sept 2009
D Update Transformation Council, State Adult Mental Health Program Standing Committee, other stakeholders	DMH	on-going	on-going	on-going

Benchmark Objective and Related Tasks	Who is Responsible for Attaining Benchmark Tasks	Duration	Start	End
Benchmark Objective 10.3 Develop Peer Services program plan				
A Develop recommendations to DMH on peer service programming	DMH Work Group	3-6 months	Aug 2007	Feb 2008
B Consult Transformation Council, State Adult Mental Health Program Standing Committee & other mental health stakeholders	DMH staff	Ongoing	Ongoing	Ongoing
C Select service design, test pilot (In process)	DMH / contracting entity	3 – 12months	Feb 2009	Feb 2010
E Implement program	DMH/ contracting entity	6-9 months	Jun 2010	Dec 2010-Mar 2011
Benchmark Objective 10.4 Design Care Management System (CCON Scope #28)				
A Award consultation contract to design care management system (Completed)	DMH staff	6 months	Jul 2008	Dec 2008
B Contractor report on design options	Contractor Consultant	6 months	Dec20 08	Feb 2009
C Consult Transformation Council, State Adult Mental Health Program Standing Committee & other stakeholders	DMH / Consultant	on-going	on-going	on-going
D Select system design; update BISHCA	DMH Commissioner, Deputy/ potential partners	3-6 months	Mar 2009	Sept 2009
E Develop design, implement pilot	DMH / potential partners/ Consultant	6 months	Dec 2009	Jun 2010
F Evaluate pilot, revise system design as indicated	DMH / Consultant/potential partners	3 months	Jul 2010	Sept 2010
G Implement full scale care management system	DMH / potential partners	6 – 12 months	Oct 2010	Sept 2011

Benchmark Objective and Related Tasks	Who is Responsible for Attaining Benchmark Tasks	Duration	Start	End
Benchmark Objective 10.5 Increase housing resources (CCON Scope #17, 29)				
A DMH participate in AHS Affordable Housing Initiative,	DMH Deputy, Housing staff	Ongoing	Ongoing	Ongoing
B In consultation with providers, other mental health and housing stakeholders develop recommendations for FY09 housing allocation (completed)	DMH Housing staff	2 months	May 2008	Jul 2008
C Select strategies & establish plan for increasing housing for DMH consumers that includes expanding subsidy & rental assistance program. (Completed)	DMH Housing staff	3 months	May 2008	Jul 2008
D Evaluate impact of inpatient site selection on local housing supply (Time line to be determined)	DMH Futures & Housing staff	3-4 months	TBD	TBD
E Assess impact of additional housing on inpatient bed need & design (Time line to be determined)	DMH Futures & Housing staff	6 months	TBD	TBD
F Identify ongoing housing needs, create development fund plan in coordination with AHS Housing Partners	DMH Housing staff with AHS Housing Initiative	TBD	TBD	TBD
G Update and consult Transformation Council, State Adult Mental Health Standing Committee, other stakeholders	DMH	on-going	on-going	on-going
Benchmark Objective 10.6 Develop alternative transportation system				
A Issue grants to Washington County Mental Health & HowardCenter to develop protocols and pilot Design for Alternative Transportation System (completed)	DMH	2 months	May 20 07	Jun 2007
B Implement Alternative Transportation System Pilot (Completed)	WCMHS & HowardCenter	4 months	Aug 20 07	Jun 2008
C. Evaluate, refine and implement alternative transportation system statewide	DMH	12 months	Jul 2008	Jun 2009
D. Update Transformation Council, State Adult Mental Health Program Standing Co., other stakeholders	DMH	on-going	on-going	on-going